

<p style="text-align: center;"><b>POLICY OF</b></p> <p style="text-align: center;"><b>STATE OF DELAWARE</b></p> <p style="text-align: center;"><b>DEPARTMENT OF CORRECTION</b></p>	<p style="text-align: center;"><b>POLICY NUMBER</b> 8.30A</p>	<p style="text-align: center;">Page 1 of 3</p>
	<p><b>RELATED ACA STANDARDS:</b> 4-4206, 4-4200, 4-4199, 4-4202, 4-4201, 4-4203</p>	
<p><b>CHAPTER: 8 Administration</b></p>	<p><b>SUBJECT: ELECTRONIC IMMOBILIZATION DEVICES</b></p>	
<p><b>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE:</b></p> <p style="text-align: right;"> 1/15/2015</p>		
<p><b>APPROVED FOR PUBIC RELEASE:</b></p>		

I. **AUTHORITY:** 11 *Del. C.* §6502, §6504, §6517, §6556, 29 *Del. C.* §8903

II. **PURPOSE:** Electronic immobilization devices have been adopted to provide safe and effective control device for use during incidents of resistance and/or non-compliance. These devices will minimize or prevent serious injuries to staff and offenders during physical altercations. These devices are to be used in accordance with the Use of Force policy.

III. **APPLICABILITY:** All Department of Correction (DOC) employees trained in the use Electronic Immobilization Devices.

IV. **DEFINITIONS:**

Electronic Immobilization Devices (EID): An EID provides the short-term incapacitation of a resisting or hostile individual by means of a safe, non-injurious force. The device uses electronic pulse wave technology to temporarily override the human body's electrical system, thereby causing confusion and disorientation, and disabling muscular response.

V. **POLICY:** It is the policy of the DOC to provide sworn officers with the necessary tools to do their job in the most effective and safe manner. EIDs are tools authorized for use when transporting high risk inmates outside the secure perimeter of the institution and for routine crowd control situations, hostile inmate confrontations or during lockdown / cell extractions.

1. Bureau Chiefs will select and approve the type, number and standards for personnel issue of EIDs for their respective Bureau.
2. Wardens and Regional Directors will establish procedures governing equipment issue, inventory control and routine maintenance of equipment.

VI. **PROCEDURE:**

A. TRAINING

All officers operating EIDs either in the unit's daily maintenance or in use with offenders must have completed a department approved-training program on its use.

<b>POLICY OF STATE OF DELAWARE  DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER 8.30A</b>	<b>Page 2 of 3</b>
<b>CHAPTER: 8 Administration</b>	<b>SUBJECT: Electronic Immobilization Devices</b>	

## B. MAINTENANCE RESPONSIBILITIES

Care and due diligence will be taken to ensure that the units are operational before being put into service. Facilities will ensure all devices are inventoried monthly as well as inspected and serviced routinely as prescribed by manufacturer recommendations. No officer will attempt to repair or alter any unit without first consulting with factory personnel (other than changing the batteries).

## C. CRITERIA FOR USE

1. EIDs will only be used in a manner consistent with manufacturer guidelines and DOC approved training.
2. Prior to the application of any remote activated body-worn EID, the offender will be read the attached *Electronic Immobilization Device Offender Notification* Form (Attachment #1).

## D. FOLLOWING USE

1. Medical Examination: Immobilization devices are designed for temporary immobilization and will not normally cause any significant injury. An offender may, however, receive secondary injuries as a result of falling when the device is activated. As soon as possible after activation, the offender is to be evaluated by medical personnel. If there is obvious injury requiring emergency attention, the offender is to be evaluated immediately. Photographs should be taken of the signature marks (contact marks) and of any secondary injuries sustained. Photographs should be taken both with and without a measuring tape or scale being included in the photographs to establish the size and location of the marks.
2. The Officer deploying the EID will complete and submit an Incident Report and the attached *Electronic Immobilization Device Implementation and supplemental Activation Reports* (Attachments 2 & 3) to include a detailed description of the offender's behavior that led to the activation of the device. Reports will be submitted no later than the conclusion of the shift in which the incident occurred.

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER 8.30A</b>	<b>Page 3 of 3</b>
<b>CHAPTER: 8 Administration</b>	<b>SUBJECT: Electronic Immobilization Devices</b>	

E. DANGEROUS AND UNAUTHORIZED USES

EIDs may not be used in the following circumstances:

1. To unlawfully threaten, coerce, harass, taunt, punish, or abuse any inmate;
2. In any form of horseplay between staff or with persons from outside the department;
3. Will not be used in conjunction with alcohol based pepper spray products.

(ATTACHMENT #1)  
**ELECTRONIC IMMOBILIZATION DEVICE  
OFFENDER NOTIFICATION FORM**

You are hereby informed that you are being required to wear an electronic immobilization system during transportation for custody purposes and/or during any courtroom or magistrate appearances.

This system contains 50,000 volts of electricity. By means of a remote transmitter an attending Officer has the ability to activate the stun package attached to you, thereby causing the following to take place:

**Immobilization causing you to fall on the ground**

**Possibility of self-defecation**

**Possibility of self-urination**

Failure to comply with any Court Officer's direction could lead to any/all of the above!

The system could be activated under the following actions on your behalf and notification is hereby made:

**Any outburst or quick movement**

**Any hostile movement**

**Any tampering with the system**

**Any attempt to escape custody**

**Any loss of vision of your hands by the Custodial Officer**

**Any overt act against any person within (50) fifty feet of Offender**

I hereby acknowledge and understand the above information:

Subject Name: \_\_\_\_\_  
Print

Control Officer: \_\_\_\_\_  
Print

Subject Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(ATTACHMENT #2)

**ELECTRONIC IMMOBILIZATION DEVICE IMPLEMENTATION FORM**

This Form is to be completed, in its entirety, every time an Electronic Immobilization Device (EID) is applied to a subject.

A. Agency/: \_\_\_\_\_ Date: \_\_\_\_\_  
Location \_\_\_\_\_

B. Assignment: Court  Transport  Other

Method of Transportation:  
Vehicle  Walking  Other

C. Subject Name: \_\_\_\_\_

Charge/Status \_\_\_\_\_

SENTAC Level V  IV  III

Custodial Officer: \_\_\_\_\_ Control # \_\_\_\_\_

D. Receiver/Stun Pack # \_\_\_\_\_ Transmitter # \_\_\_\_\_

**Unit Test (Prior to application) 25 Feet** \_\_\_\_\_

E. Amount of force necessary to place the system on the subject:  
None  Unwilling

Visible Display Prior To Application

Physical Restraint Assistance Required

F. Time Out: \_\_\_\_\_ Time In: \_\_\_\_\_

G. Last Battery Charge On Receiver / Stun Package:

Date: \_\_\_\_\_ By: \_\_\_\_\_

H. Use Of EID System

Activation NOT Required:

Activation Required:

**NOTE:** Requires the comp  
Activation Report

(ATTACHMENT #3)  
ELECTRONIC IMMOBILIZATION DEVICE  
ACTIVATION REPORT

**This supplement form is to be filled out in the event that the EID was activated on a subject.**

**Note - The subject MUST be checked by Medical as soon as possible after activation.**

A. Agency: \_\_\_\_\_ Date: \_\_\_\_\_

B. Subject Name: \_\_\_\_\_

Number of Applications: \_\_\_\_\_ Receiver/Stun Pack # \_\_\_\_\_

Length of contact: \_\_\_\_\_ Seconds Transmitter # \_\_\_\_\_

C. Reason for activating the unit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Complaints from subject: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. User Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Control Officer: \_\_\_\_\_

Print

Control Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_